Legislative Testimony Public Health Committee SB 993 AAC Dental Assistants and Expanded Function Dental Auxiliary Friday, March 15th, 2013 Dr. Allen Hindin

Members of the Public Health Committee:

I have been a general dentist since 1971. Upon graduation from dental school, I was accepted into a US Army general practice residency and served as a General Dental Officer. I was Project Dentist for The Model School Health Program in Hartford (1975-80), Director of Dental Services and General Practice Dental Residency at Danbury Hospital (1979-96) and, since then, have a private practice in Danbury and am employed as Director of Dentistry for Hudson Valley CPA, in Brewster, NY.

Expanded Function Dental Assistants (EFDA) were unknown to me as a dental student, but quickly became part of my vocabulary throughout the 1970s. Introduced in the 1950s and championed by David Sorricelli, a public health dentist in Philadelphia, in the early 1960s, Pennsylvania and Kentucky allowed EFDAs to place temporary and long term dental restorations early on, followed by Ohio. Vermont, California, Washington and many other states. The US Army adopted EFDA in the early 1970s and trains/employs them today. The principle of team delivery of care, with the dentist removing caries, or otherwise preparing teeth for restoration, supported by a properly educated and certified dental assistant, who could place and finish various types of restorations, has survived the test of time. Not one jurisdiction which enabled EFDA has ever repealed such authorization. Multiple studies of quality and efficiency gains have been conducted, all revealing positive outcomes. Military studies have reported efficiency improvements between 30 and 70 percent, dependent upon delivery system designs. The success of EFDA has been such that there are no longer active studies ongoing, the conclusion long ago established that EFDA is simply a good thing. In many dental schools across our country, students are currently learning to practice with EFDAs.

Another advantage of EFDA is that it serves as a worthwhile career ladder for dental assistants. Certification as a dental assistant (or hygienist) is a prerequisite for EFDA certification. Naturally, along with more education and increased efficiency, there are economic and non-economic rewards.

I urge the Public Health Committee to adopt SB 993, An Act Concerning Dental Assistants and Expanded Function Dental Auxiliary and enable dentists to employ EFDAs, just as dentists can in many other states. After more than 50 years of positive evidence, it is time.

Respectfully,

Allen Hindin, DDS, MPH 289 White Street Danbury, CT 06810 Tel: 203-743-4670 Hindingrp@aol.com